



AZ Medicaid Outpatient Workgroup Meeting

January 4, 2005

11:00 AM to 12:00 PM

AHCCCS 701 E. Jefferson St. – 3rd Floor - Gold Room

Meeting Hosted By: Sara Harper, AHCCCS

Attendees:

(Based on sign-in sheets)

AHCCCS

Cynthia Barker

Susan Carter (EP&P)

Cia Fruitman

John Murray

Brent Ratterree

Pat Spencer

Mike Upchurch

Karen Kradle

AMERICHOICE

Wright, Vanessa (telecon)

APIPA

Sharon Zamora

Chuck Revenew

CARE 1ST

Marlene Peak (telecon)

Anna Castaneda

Ann Weeks

Michael Boisseau

COCHISE

Marcia Goerdt (telecon)

CMDP

Paula Cook

DES

Pat Fizer

Marcelle Gonzalez

DHS

Thao Nguyen

EVERCARE

Jack Holstrom (telecon)

HEALTHCHOICE

Lori Owens (telecon)

Joan Toland (telecon)

MCP SCHALLER

Cathy Jackson-Smith

Colleen Gurule

Melanee Jones

MMCS

Pat Watkinson

Lynn Allen

PHP

Michell Foster (telecon)

Pat Lapp (telecon)

Don Lopez (telecon)

Lavonne Skallerup (telecon)

Joann Ward

UFC

Jean Warner

Kathy Steiner

Kim Bolton

John Valentino

YAVAPAI

Jean Willis (telecon)

1. Welcome (Lori Petre)

We are going to start the agenda and behind it are the minutes from the last workgroup meeting. If you have questions, comments, changes, clarifications, or additions, please let us know so that this does reflect an accurate record. These have been sent to be posted to the website.

2. Current Status Timeline (Lori Petre)

The first agenda item is to review the current milestone timeline document. Coding is technically completed and Mike will talk about what that means. There are revised system proposals in your packet. Mike will hi-lite the changes quickly and at a high level. There is another set of changes or clarifications outstanding, and there will be another version that reflects those. He will talk about what those are. Most of those are not too significant; they are just things we have gotten into with the loading of the test tables, our unit testing, and some of our system integration preparation. There have been some questions come out of those so we put some clarifications into the document, or it has caused us to slightly adjust the approach to things. For example, there is one new table now that John will be adding, and Mike will talk about that. Technically, systems development of that initial set of requirements has been completed. That means the project is in the systems/integration test phase. In order to give Mike's people a little bit of time to get these last couple of things in, and we

haven't formally began our system and integration testing, but we intend to do so next week. The planning for that is completed and we will start executing those tests. We will share with you our successes and hopefully not a lot of failures, but we will certainly share with you what we are finding. We talked a bit about status tracking meetings that we will do with each of the health plans. We are going to talk about those a little bit more in the agenda, but we did complete the three that we said that we wanted to do before the holidays, which were APIPA, Mercy Care and Phoenix Health Plan. I think they went relatively well, and that it was a good opportunity to have more of an individualized discussion of where you thought your challenges were, some clarifications from us on things, it was an opportunity to clarify what we were looking for in the status reports and why. I believe that Kari Price's secretary has all the others but two scheduled now. There are three this week and seven next week. We hope to all those wrapped up in the next two weeks. In some cases in the course of those discussions, we have identified that we want to have a follow-up conversation prior to when the next meetings are scheduled. We will work with those on a more individual basis, but if you do have questions, and want to know how those went with any of the three health plans, please feel free to ask. We are currently putting together an informational package for our pilot testers. We ended up with ten or so, and so we will share with you what we tell them and who they are, probably in the next week.

ACTION ITEM: Lori to share with the group who the pilot testers are and what we tell them within the next week.

We will start some pilot testing with in February. It can work a couple of ways. They can give us claims and tell us to put them through, we will run the remittances, and we will assess the results. Or, they can request that we pull claims from a particular time period and re-enter them as test claims, re-enter EDI files into the test environment. We are trying to make it flexible to get as many of them as possible to participate, so we are trying to keep the level of effort reasonable.

HP Question: For the new version, is there a soft copy?

Lori: Yes, the most recent versions are on the website; however, be aware that by the end of the week there will be another revision. In the package, the next thing on the agenda is to remind you that the website is out there and where to find things.

Lori: I will email the next revision to you by the end of the week and Dick will post it to the web. We try to make sure those are available as quickly as possible.

ACTION ITEM: Lori to email new revision of documents.

ACTION ITEM: Dick to post new revision of documents to the web.

Sara: We have another hospital meeting on the 24th, which is a Monday. It will be the 21st or the 24th because they have two days to choose from. They are sending me their choices.

HP Question: When the state prepares the test hospital list, does it include a primary name from the hospital?

Lori: It will have a name, email address and number. In a couple of cases, they have given me two people.

Sara: A couple of the hospitals that particularly wanted to do some partner testing are connected with the plans. St. Joes and Mercy Care and Abrazo and Vanguard are the two specific that wanted to do partner testing as hospital/contractor entities. They wanted to make sure they are all on board.

Lori: We will have indication as to whom we have been given as contacts so that you have a starting point. Or, since we share the same provider, if we are suddenly testing they may want to know why you aren't, you'll know why they are calling you because they are people who are on the pilot list. Any other questions about the timeline?

3. Project Email Address and Web Site (Lori Petre)

The next item in the packet is the reminder to use the email address for questions, concerns or comments. We would love to see any claims examples that you might think is difficult to put through our system, or curious as to what they might look like. One of the things I am working on is trying to define the controlled group of test scenarios that we are going to process. We will talk about that today, but we would very much like to supplement what we come up with, and we are encouraging the hospitals to do the same. We would like you to identify a claim for us that you want to know how we can process. It may be that we get some of those in this pilot testing and we can add them to the controlled group. There are a couple of changes to the way this is going to be structured.

Basically, if you go to the AHCCCS website under Plans and Providers, there is a Consortium heading that Dick is doing a little tweaking to so that it will be clearer what applies to the MCO's and what we have told the hospitals. Although you have access to what we have told each other, it may be that you want to focus on something specific to the MCO and the hospitals want to focus on something specific to them. This includes all the meeting schedules, minutes, and materials, which Dick tries to post prior to the meeting. Generally, anything I send out to you, which comes as an email from me, will get posted there. Everything that we have shared with you from the start of these meetings, or have sent out, can be found here on the website. If for some reason you cannot find something on the website, please let us know.

HP Question: What is the website address?

Lori: It is on the AHCCCS website, which is www.ahcccs.state.az.us. It is under Plans and Providers. There are a lot of things there, such as Claims Clues. It is good to know it is out there. It is under the Consortium tab.

Sara: The hospitals want to see the information given to the contractors. We want to specify between the hospitals and consortium.

Lori: On that same page is the email address and we want to encourage you to use it.

Sara: Please give us examples that you want to see that are particular issues that you are going to need to know how to process. We are coming up with some on our own, or that we are used to, and we are assuming they are important.

Lori: Now Michael will talk about changes and design issues.

4. AHCCCS Design and Coding Status (Mike Upchurch)

The documents that you have in front of you today have only a couple of changes. Basically they are the same for the claims and encounters process. On page 6 of the claims document, there is a change on the RF126. It was indented and looked as though it was going to fall underneath the above item, so we pulled it outside of the pricing loop reflecting it here so that you could understand it better. Then on page 8, the biggest change half way down the page, the use of the admit hour will be discontinued and instead the dup check will be processed if the condition code GO Distinct Medical Visit is billed. It is the only two major changes at this point. We did have a meeting yesterday and walked through some outstanding basic reference issues that we had, things that we needed to conduct our unit testing and to get it knocked out so that we can get things moved over to ATR. As we were doing that, we walked through the documentation again and we found a few things that were omitted. Unfortunately John was out ill yesterday, so we haven't had a chance to update the document. We will try and get that done this afternoon and get it over to Lori so that she can get it distributed to everyone.

ACTION ITEM: Mike to update document and provide to Lori for distribution.

The primary changes would be to the reference and provider documentation that you have. We noticed that a 05 coverage code was omitted that we need to put in. We found that there is a supporting table, RF756, which supports RF615 that I have asked John to put in. We are trying to

make the documentation as complete as possible so that you can see where the information is coming from and that you understand the process. We also found that we may be missing a modifier table. We had talks of having three specific modifier tables at the beginning of our requirements, but have eliminated one and may put a third table in. Basically that would be a table that would contain all the modifiers that are allowed to be used on the UB's for outpatient. We are going to talk this afternoon and see if we need this table, and if we do, we will include it in the update for you. That is everything that we have identified that needs to be updated or changed to this point. As Lori mentioned, we do have all the programming with the exception of perhaps the new table done. Everything is in UAT and the developers are now beginning to populate the tables to start doing their UAT testing. Lori has done most of it. As soon as we get that done, we will start migrating to ATR and we will let you know when you can start submitting your claims. Anything else?

HP Question: Can you verify date of service? I don't see it verifying date of service.

Lori: It is a pricing methodology and you don't have to have specific editing.

For testing we are doing two different things. Encounters cannot do prospective date testing. It is not structured to do so. Claims can do so within our system with a parameter. We are going to test two ways. We are going to pretend that the 7/1 date is 10/1 so that we can realistically test encounters, but in claims we are going to do it both ways. It does allow a parameter set to assume that it is, for example 7/1.

HP Question: Is that admit date?

Lori: For outpatient it is begin date because admit date is not a factor for outpatient.

HP Question: On page 6, what was the change?

Mike: It is 2/3 of the way down. It was indented previously so it looks like it relied on the comments above it, so we moved the entire statement out. It was just a formatting change.

Lori: We will get those revised documents out as soon as possible. Because this is now in testing, and I do thank University because the exercise that they put me through after our phone call with them was when I found some of the table questions that we had yesterday, so I do thank them for their help. I have at this point, to the best of my knowledge, with the exception of the new table and two tables that we have a question about, have populated the tables to a sufficient level to allow testing. The caveat here is that they are not necessarily production value. They can still change, but what that means to you is that as soon as Mike releases this for my staff testing, one of those tests then becomes that we are going to start running your reference files and your provider files that will have these tables and the new values in them. Many of you have asked when you are going to start getting the values. I assume that we are going to get this from Mike in the next week. One of our first tests is to run those files. As soon as those files are out there and available, you will get an email telling you that you should pick them up. Feedback as soon as you can get it to us is appreciated because a lot of times it goes back to what we talked about with HIPAA. We put it out there, and we don't have the in depth knowledge of how you are trying to use it, so we are not going to ask the same questions that you are. We are not going to have the same issues with it that you are because our job is to put it out there, but not actually use it. We use our internal structures. Expect an email in the next week to ten days that tells you those files are available. They are test and are populated to the best of our knowledge. Again, other than the new table for the modifiers, which I have the values but don't have the table to put them in, and the override action code table that we need clarification from John they are populated. Let us know if we are making assumptions about how your stuff works. Anything, regardless of how minor, let us know so that we are representing this correctly. After my discussion with University, I tried to do an inventory of the existing tables that we were using for any aspect of this project with the new tables that we are adding and there are some tables that are not included in your extract that we use for some of our internal processing. We wanted to make sure we put it all out there so that you knew when you are looking at these documents this is what you are actually getting. It includes the table number, the description of the table and there are separate sections of existing tables (6), there are new tables (8), there are some tables that are not extracted and there are some other tables that I will extract

that don't relate to outpatient. We wanted to make sure everything was clear. So, it goes by the table number, table description, layout that you can reference back to the document to tie it all together, where the output records for the FTP file is, and then the extract record for the FTP file. Try to make sure RF796 If you are talking about RF796, it's a new table, its table layout is on Ref 03 and it is N4. It's trying to tie these pieces together. When you look at the document, you have table layout, and RF screen prints. The document goes through our design and this was intended to clarify some of that.

HP Question: Can you go through an example of what pages correspond with the system proposal?

John: Record layout pages 46 through 50.

Lori: If you have questions, or if things are still not clear, or you have concerns about tables that you do not get, please let us know. Sometimes this causes us to go back and look at these things and see why things may be confusing to you. I'm also doing some clarification on the set of examples that we had originally used and putting them through a thought process, and as soon as I run them by Sara, we will get those out to you. We want to make sure this is very clear to everyone.

ACTION ITEM: Lori to send out clarification on set of examples.

HP Question: Where are we referring to the FTP files?

Lori: The file layout is in the document in the back section.

John: FTP files are on the regular extract, on the FTP server.

Lori: We are adding some additional files to it. Any other questions on this? Hopefully it will meet what several of you have asked for.

5. Action Items/Outstanding Design Issues (Lori Petre)

Next thing is the discussion of action items/outstanding design issues. We are looking at a final comprehensive list. We show very few, other than the ones we talk about every time, looking at units and limits for outpatient.

Sara: Modifiers and revenue codes, HCPCS matrix, and CC units and unit limits are still things still hot on the heels. When we get to the FFS provider manual, a lot of the actual billing requirements still has not been defined, not outstanding issues per say. A lot things we haven't discussed will be defined and discussed in this draft, which I don't have yet, so I haven't listed all the items we are going to document in there.

HP Question: How much educational materials are plans expected to get to the hospitals? Since hospitals are already involved in the hospital workgroup, are you going to be getting out all the billing requirements to the hospitals?

Sara: Contractors have current requirements of what you have to provide to your providers. Those will need to be modified to accommodate, but as far as AHCCCS, we will provide everyone the same information that accompanies this new FFS fee schedule that goes up on 7/1.

HP Question: Is this being communicated to all the hospitals?

Sara: There is a hospital workgroup through their association and then there are the key ones that are working with us on an individual basis. We are making information available to everyone in Arizona. As far as your requirements that you provide to your providers will need to be updated accordingly, but we are not counting on you to be the key on changes that we are making to our FFS fee schedule.

Lori: Any other questions on design items or open issues that you have been waiting for responses that we haven't touched on?

6. MCO Status Report and Status Meetings (Lori Petre)

We talked a little bit about MCO status reporting and the individual status meeting. We did conduct those meetings with the three that were scheduled to occur prior to year-end. All of the others to my knowledge, with the exception of one or two, have been scheduled for this week and next week. I want to remind you that if you have not done so, to submit your individual status report, or if you have not done so and we have a meeting scheduled with you, that you bring it to the meeting. Sue's list of things she asks about includes the status report. We are following a fairly standard agenda, but it doesn't mean we have to limit our conversation to just that, but it gives you some of the objectives of what she's going to be asking about and what we are looking for. A copy of that standard agenda is attached for all of you. So, in your packet you have a copy of the status report form and it is out on the website. Dick put this out on the website as a Word document so that they can fill it out and email it back. I did send an email out as a reminder as to when they are due. It is a twice a month status report. The initial one was due 12/14. There are a few of you that we did not get that from. We do want to get the initial status because it does allow Sue, Kari and myself to evaluate it and make sure that we are asking pertinent questions. The first subsequent status report is due this Friday. I will send out an email reminder to all of you, probably tomorrow, reminding you that I do need it by close of business Friday. If I don't get that, I will send another email on Monday.

ACTION ITEM: Lori to send email reminder for status report.

I have to get these turned around to Tom, Kari and Sue so that they will be able to track it and know where they are. After that, the next one is due the 24th. I tried to schedule them out through the life of the project. Again, if one is coming due and it is close to a meeting that we will be having with you, let me know that you will be holding it until the meeting. If you have any questions or concerns about getting these to us, and if you want to tell us more, that is great. We don't want it to become a huge burden; we just need to get enough to assure our internal folks so that they can assure the hospitals that we are working collectively towards meeting those dates. Any questions about the status report or individual meetings? I think in the case of all three that we have had so far; we got good representation from the right people who could respond to and engage in the discussion. We do appreciate the time on that.

7. Hospital Efforts (Lori Petre)

We talked a little bit about the hospital efforts. As Sara said, our next meeting with them is either on the 21st or the 24th. We will share with you whatever we tell them and what they tell us.

8. Testing (Lori Petre)

As far as testing, including in your packet is the test plan. For any large project we do a high-level test plan. I did one of these for HIPAA and this one is similar, following the same format. This is a high-level test plan that talks about our test environment, our high level approach, how we track issues, how we prioritize the issues, how does status reporting internally occur as far as testing. We encourage you to take a look at this. If you have any questions, comments, or things you think we should add, please let us know. In addition to this, my staff is working on detailed system and integration test plans that have actual scenarios. We will share those test plans also. Again, ignore them or use them if you want. If nothing it will give you some knowledge about what we tested for claims, reference, provider and encounters. I think Dora has the encounter one done. She just needs to meet with Barbara and I for some feedback, and then we'll get those wrapped up and out to you.

ACTION ITEM: When test plans are finished, Lori to send them to the health plans.

In the last handout of the packet, we have started to pull that control group of claims. We are trying to get our hands around what that is going to look like. It now looks like it is going to be around 120 to 125 claims. I took six representative hospitals from different peer grouping and pulled some live data claims for some cross sectional periods. We filtered out what we didn't need and that left us with about 75 claims so far. One of my staff is putting these claims into a matrix. When the matrix is done, we will send it out so that you are aware of how it is looking.

ACTION ITEM: When finished, Lori to send out matrix of controlled group of claims.

Sue will take a look at it and determine what we need to add, talk to some of our hospital partners to see if they can help create what we need, or we will create them ourselves. When we get these actual packages in their final form for what we want you to process as test claims, you will get this matrix plus you will get an actual physical claim form. I did the matrix form for purposes of everyone reviewing it. The actual physical claim forms were getting a little voluminous. My staff should have those done tomorrow and Sue will take a look at them. If she feels comfortable sending them out as an initial group, we will send them out to you as soon as possible. Right now they have the hospitals on them. Otherwise you wouldn't know why the outcome is what it should be. You'll notice on the examples I didn't put a recipient ID. For our process I can use the recipient ID that is on our claims, but you'll need to use your recipient ID's. We will want you to use the same hospital, or peer group, that we use so that we can compare the outcome. There are six different providers in these 75 claims so far. We are trying to do something that works well for all of us. We are also going to be defining how you will show us what it did once these are processed. We want to make it unincumbering as possible and we want it to be easy for you, so if you do have suggestions, please share those with us.

Lori: Anything else?

9. Next Meeting (Lori Petre)

Next meeting is Wednesday, February 2nd from 10:00-11:00 AM. We apologize for changing the day. If you have questions before then, let us know. Thank you for coming.